

# PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

**TECHNICAL ASSISTANCE RESOURCE PAGE**  
**INCOME & MEDICAL COVERAGE**



# PATH

Projects for Assistance in  
Transition from Homelessness

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# INTRODUCTION



For individuals and families experiencing homelessness, access to income and health care coverage is critical. For recovery to take place, people must have the capacity to move beyond meeting basic needs and concentrate on living life with purpose and connection. To assist individuals, there must be a fundamental understanding of the income and medical coverage resources available and how to access them. National standards exist for some benefits. However, resources, policies, and programs may vary by state.

Listed below are the major types of income and medical coverage resources. Many adults and families who are experiencing homelessness may need and be eligible for one or more of those listed.

- [Social Security Administration Benefits and Work Incentives \(SSI, SSDI\)](#)
- [Veterans Administration Income and Health Care \(VA\)](#)
- [Temporary Assistance to Needy Families \(TANF\)](#)
- [Earned Income Tax Credit \(EITC\)](#)
- [Medicaid and Medicare Benefits \(MCAID, MCARE\) & State Children's Health Insurance Program \(SCHIP\)](#)

A general overview of resources and documents related to income and medical coverage is provided on the following pages, followed by sections on these key areas.

## Important Websites

- **FirstStep - On the Path to Benefits for People who are Homeless**

This is a comprehensive product designed to assist case managers to understand and help consumers access benefits and resources. Worksheets, tools, information on programs, and fact sheets are included.

Direct Link: <http://cms.hhs.gov/apps/firststep/index.html>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=22889>

## Other Resources:

- **United States General Accounting Office. (2000). *Homelessness: Barriers to using mainstream programs* (GAO/RCED-00-184). Washington, DC: Author.**

This report was a result of an expert panel that discussed a variety of strategies the federal government could pursue to improve access to, and use of, mainstream federal programs for people experiencing homelessness.

Direct Link: <http://www.gao.gov/new.items/rc00184.pdf>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/resource.aspx?id=19275>

- **Conly, C. H., (2005). *Helping inmates obtain federal disability benefits: Serious medical and mental illness, incarceration and federal disability entitlement programs* (NCJ 211989). Washington, DC: Abt Associates, Inc.**

This document provides information on the relationship between incarceration and benefits, including tips on connecting benefits upon release.

Direct Link: <http://www.ncjrs.gov/pdffiles1/nij/grants/211989.pdf>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/resource.aspx?id=32857>

- **Charles and Helen Schwab Foundation. (2003). *Holes in the safety net: Mainstream systems and homelessness*. San Mateo, CA: Author.**

Government-funded programs for low-income persons (mainstream systems) can play a key role in the effort to end homelessness nationwide. This document analyzes how mainstream systems can serve clients experiencing homelessness.

Direct Link: [http://www.schwabfoundation.org/Publications/pub\\_01030801.aspx](http://www.schwabfoundation.org/Publications/pub_01030801.aspx)

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=32858>

## SOCIAL SECURITY ADMINISTRATION DISABILITY BENEFITS AND WORK INCENTIVES



**M**any people experiencing homelessness who have disabilities are eligible to apply for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). Other SSA benefits are available to individuals who are 62 years or over (Retirement) and to dependents and spouses of individuals covered by Social Security (Survivors). This resource section will cover SSI, SSDI, and work incentives available for these programs. Work incentives provide opportunities to work while receiving benefits and ways to transition back into the workforce.

### SSI / SSDI Overview

SSI is a monthly benefit for low-income individuals who are elderly, blind, or disabled according to SSA criteria. SSDI is a monthly benefit for individuals who meet disability criteria and who have worked enough to be “insured” under SSA for benefits. A local SSA office can inform someone if he/she has worked enough to meet the criteria as “insured” under SSDI.

To qualify for SSI, one must first meet non-medical or non-disability criteria of having gross (pre-tax) earnings less than Substantial Gainful Activity (SGA), which in 2008 is \$940/month, and countable resources under \$2000. To qualify for SSDI, one must meet the non-medical criteria of having enough earnings to be ensured and to have gross (pre-tax) earnings less than SGA. NOTE: The amount of SGA changes every January 1.

Both SSI and SSDI have the same disability or medical criteria that individuals must meet. Importantly, the definition of disability under SSA emphasizes functioning, e.g., whether or not one can function, despite a disorder or medical condition to earn SGA. Medical records and/or additional information that address not only an individual's diagnosis but also the impact of this diagnosis on functioning are essential to the disability determination for these benefits.

Applications for these programs are taken at the local SSA offices. At the bottom of the page on <http://www.socialsecurity.gov/disability> there is a tool to find listings of SSA offices by zip code. Applications for SSDI can be done online and medical information can be provided online as well.

With the passage of the Deficit Reduction Act of 2005, identification and citizenship requirements for these benefits have become more stringent. Contact your local SSA office to discuss these requirements.

## Important Websites

- **SSI/SSDI Outreach, Access, and Recovery (SOAR)**

Tools and resources to assist people who are homeless with SSI/SSDI claims. Includes contact information for 34 states participating in the SOAR (SSI/SSDI Outreach, Access and Recovery) Initiative and local trainers for the *Stepping Stones to Recovery* training curriculum, a key component of SOAR.

Direct Link: <http://www.prainc.com/SOAR>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=32859>

- **Social Security Administration / Services to the Homeless**

Provides a rich collection of resources and documents related to homelessness and Social Security. Examples of items on this page include: information for specific populations, e.g., people in prison and hospitals; pre-release agreements that can be made to have applications completed prior to release; information on representative payee and how SSA determines the need for a payee; how living situation effects payments; and "Spotlight on Homelessness".

Direct Link: <http://www.socialsecurity.gov/homelessness>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=32860>

## Other Resources:

- **Rosen, J., & Perret, Y. (2005). *Stepping stones to recovery: A manual for case managers assisting homeless adults with SSI/SSDI* (DHHS Pub. No. SMA 05-4051). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.**  
This is a free publication that outlines the requirements under SSI and SSDI and includes practical examples and tools for addressing eligibility.  
Direct Link: <http://www.prainc.com/SOAR/training/manual.asp>  
Homelessness Resource Center Record: <http://homeless.samhsa.gov/Resource.aspx?id=18026>
- **U.S. Social Security Administration. (2006). *Disability evaluation under Social Security (SSA Pub. No. 64-039)*. Washington, DC: Author.**  
This Social Security Administration publication, also known as the “*The Blue Book*” or “*The Listings*,” provides an understanding of the disability programs administered by the Social Security Administration. It explains how SSA disability programs work and the kinds of information a health professional can furnish to help ensure sound and prompt decisions on disability claims. Included are the specific criteria that must be met for each diagnostic category.  
Direct Link: <http://www.ssa.gov/disability/professionals/bluebook/>  
Homelessness Resource Center Record: <http://homeless.samhsa.gov/Resource.aspx?id=32862>
- **Dennis, D., Perret, Y., Seaman, A., & Well, S.M. (2007). *Expediting access to SSA disability benefits: Promising practices for people who are homeless*. Delmar, NY: Policy Research Associates.**  
This is a review of practices used in homeless services programs to assist in the expedition of disability benefits.  
Direct Link: <http://www.prainc.com/SOAR/soar101/PromisingPractices.pdf>  
Homelessness Resource Center Record: <http://homeless.samhsa.gov/Resource.aspx?id=32863>
- **O’Connell JJ, Zevin BD, Quick PD, Anderson S, Perret YM, Dalton M, Post PA (Eds.) (2007). *Documenting disability: Simple strategies for medical providers*. Nashville: Health**



### Care for the Homeless. Clinicians' Network, National Health Care for the Homeless Council.

National Health Care for the Homeless Council published this report to assist physicians in documenting information for SSI/SSDI.

Direct Link: <http://www.nhchc.org/DocumentingDisability.pdf>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=32861>

## SOCIAL SECURITY WORK INCENTIVES

Both the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs incorporate work incentives that are designed to encourage recipients to enter or re-enter employment. Contrary to what is believed by many, **an individual does NOT lose all benefits and health insurance** immediately under either program.

Under SSI, reductions are made once monthly earnings are over \$65 or \$85, depending on the individual's income, but Medicaid continues until earnings are quite significant with the amount of earnings varying from state to state.

Under SSDI, there is a minimum of a 9-month period to try working during which an individual receives the entire monthly SSDI check. In addition, Medicare will continue for years after a person stops receiving the SSDI cash benefit. The understandable fears that recipients have in re-entering the workforce should be addressed with information, education and individual advocacy.

## Important Websites

- **Work Incentives General Information**

This website provides general information on work incentives available to persons receiving Social Security benefits.

Direct Link: <http://www.ssa.gov/disabilityresearch/wi/generalinfo.htm>

- **The Work Site**

This site is dedicated to provide information and support for persons with disabilities who want to work through the "Ticket to Work" program.

Direct Link: <http://www.ssa.gov/work>



## Other Resources:

- **U.S. Social Security Administration. (2007). *Social Security red book*. Washington, DC: Author.**

This is a Social Security Administration publication that includes clear explanations on all the various work incentives and includes worksheet and planning guides.

Direct Link: <http://www.socialsecurity.gov/redbook>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=32864>

- **Shaheen, G., Williams, F., & Dennis, D. (Eds.). (2003). *Work as a priority: A resource guide for employing people who have serious mental illnesses and who are homeless* (DHHS Pub. No. SMA 03-3834). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.**

This manual provides strategies for developing services and resources to assist people experiencing homelessness the opportunity to work. The interchange of work and benefits income is discussed.

Direct Link: <http://download.ncadi.samhsa.gov/ken/pdf/SMA03-3834/workpriority.PDF>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=21209>

# VETERANS ADMINISTRATION BENEFITS



**T**he Veterans Administration (VA) has monthly disability benefits for individuals who have been in the military and are honorably discharged. For the VA to find a veteran eligible, the VA must evaluate the veteran and establish that the disability is service-connected. Service-connected is defined as a medical condition that either began or worsened during military service and became disabling. Unlike SSA, the VA also determines whether a veteran has a partial or complete disability, and this determination is tied to the benefit amount. A benefit may also be available for a disabled veteran's family, depending on the circumstances.

When applying for SSI/SSDI benefits, proof of an application for VA benefits must be submitted to SSA before SSA will process the application for SSI or SSDI.

## VA MEDICAL CARE

Eligibility for VA care generally provides access to inpatient and outpatient services as well as case management. To be eligible for health care in the VA, one must have:

- Been honorably discharged from military service;
- Served at least one day of active duty before 9/7/80 or;
- Served at least two years of active duty in a row after 9/7/80;
- Been in the National Guard or Reserves and met particular criteria

## Important Websites

- **Veterans Administration Website**  
This is the primary website of the U.S. Department of Veterans Affairs.  
Direct Link: <http://www.va.gov>
- **VA Benefits Online Application**  
Use this link to apply for benefits online.  
Direct Link: <http://vabenefits.vba.va.gov/vonapp/main.asp>
- **Facilities Locator and Directory**  
Use this link to locate the nearest VA services locations and facilities.  
Direct Link: <http://www.va.gov/sta/guide.home.asp>
- **Veterans Benefits Administration**  
For general information about veterans' benefits and links to specific programs and resources.  
Direct Link: <http://www.vba.va.gov>
- **National Coalition for Homeless Veterans**  
Provides information and resources specifically related to veterans experiencing homelessness.  
Direct Link: <http://www.nchv.org>
- **US Vets Inc.**  
U.S. Vets provides housing, counseling, employment and training assistance for homeless veterans.  
Direct Link: <http://www.usvetsinc.org>

## TEMPORARY ASSISTANCE TO NEEDY FAMILIES



**T**emporary Assistance to Needy Families (TANF) is a monthly income benefit for parents and children that replaced the federal Aid to Families and Dependent Children (AFDC). Unlike AFDC, TANF has a strong emphasis on employment and a limited eligibility period for receipt of benefits, generally a maximum of 5 years. Often, with TANF, parents are required to work or engage in what are called “work-related” activities for a certain number of hours each week to receive benefits. Some specific TANF recipients may be exempt from these requirements.

Eligibility for TANF is managed at the state level and is federally administered under the U.S. Department of Health and Human Services (HHS), Office of Family Assistance (OFA). The program assumes different names in different states, although eligibility is comparable. Generally, to be eligible for TANF, one must be a resident of the state, be a U.S. citizen (children born in the U.S. are automatically citizens even if the parents are not and may be eligible for benefits), and be able to provide Social Security numbers for all family members.

TANF in most states includes a health care benefit, generally Medicaid. It can include child care services and employment services as well. However, it is important to note that these benefits vary greatly from state to state and are difficult to generalize.

Under the Deficit Reduction Act of 2005, identification and citizenship requirements have become more stringent. These requirements can be explained by staff at the local or state TANF offices.

## Important Websites

- **Office of Family Assistance**  
This website describes TANF benefits and eligibility.  
Direct Link: <http://www.acf.hhs.gov/programs/ofa/>
- **National Center for Law and Economic Justice (NCLEJ)**  
The National Center for Law and Economic Justice (NCLEJ) advocates for TANF recipients, food stamp recipients and others who are economically disadvantaged.  
Direct Link: <http://www.nclej.org>
- **The Center on Budget and Policy Priorities**  
The Center on Budget and Policy Priorities provides updates on TANF.  
Direct Link: <http://www.cbpp.org/pubs/tanf.htm>

## Other Resources

- **National Alliance to End Homelessness. (2004). Using TANF block grants to end family homelessness. In *National Alliance to End Homelessness Source Book on Ending Family Homelessness: Problems and Solutions* (pp. 29). Washington, DC: Author.**  
Direct Link: <http://www.endhomelessness.org/content/article/detail/1006>  
  
Homelessness Resource Center Record:  
<http://homeless.samhsa.gov/Resource.aspx?id=32866>



## EARNED INCOME TAX CREDIT



**T**he Earned Income Tax Credit (EITC) is a tax credit for people who work but have earned less than a designated amount in a tax year. For example, in 2007 the earned income must have been under a maximum of \$39,783 for a family with two or more qualifying children. A tax credit usually means that individuals have reduced taxes so that they keep more of their earnings. The EITC may also provide a tax refund.

To be able to apply for this credit, an individual must:

- Be a U.S. citizen all year;
- Have had earnings from employment or self-employment;
- Not be filing a tax return as married; he or she must file separately; and
- Not be a qualifying child on someone else's tax return.

The income limits for being eligible for an EITC depend on whether or not a person has qualifying children. For example, an individual with no children may qualify for an EITC, but the income eligibility amount is much less than for a family with two or more qualifying children. To be a qualifying child, generally one must meet certain relationship, age, and residency requirements, e.g., a child must have lived with the parent claiming the credit for at least half of the tax year.

Sometimes, individuals can receive some of their EITC over the course of the year rather than at the time of filing a tax return. To do so, the individual must fill out a W-5 at the place of employment and express an interest in receiving this credit over the year.

For many people, the easiest way to determine if one has an EITC is to request that the IRS compute this at the time of filing income tax. Reputable tax preparers should also be able to assist with questions about EITC.

## Important Websites

- **Internal Revenue Service Website (IRS)**  
This is the main page for the IRS.  
Direct Link: <http://www.irs.gov>
- **Earned Income Tax Credit—Should I apply**  
Review of Eligibility for EITC.  
Direct Link: <http://www.irs.gov/individuals/article/0,,id=130102,00.html>
- **EITC Certification Application**  
On-line application form for EITC.  
Direct Link: <http://www.irs.gov/individuals/article/0,,id=134247,00.html>:
- **Center on Budget and Policy Priorities**  
The Center on Budget and Policy Priorities provides extensive materials on the EITC.  
Direct Link: <http://www.cbpp.org/pubs/eitc.htm>

## Other Resources

- **National Law Center on Homelessness and Poverty. (2005). *Common questions on the earned income credit*. Washington, DC: Author.**  
This fact sheet explains who is eligible for EIC, how to apply for EIC, and what forms and documents individuals need to collect EIC.  
Direct Link: [http://www.nlchp.org/view\\_report.cfm?id=137](http://www.nlchp.org/view_report.cfm?id=137)  
Homelessness Resource Center Record:  
<http://homeless.samhsa.gov/Resource.aspx?id=32867>



# MEDICAID, MEDICARE, AND STATE CHILDREN'S HEALTH INSURANCE



Accessing health care can be one of the most critical challenges for individuals and families who are homeless. Expensive and inadequate health care is often provided solely through emergency room visits and inpatient stays with little follow-up.

Public insurance programs generally include Medicaid, Medicare, and State Children's Health Insurance Program (SCHIP), along with supplemental Medicaid programs for Medicare recipients. These programs are Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB) and Qualifying Individuals-1 (QI-1).

Medicaid coverage and eligibility vary from state to state. Medicare eligibility and coverage are consistent nationally, but Medicare can be confusing as there are deductibles, premium costs, and co-pays involved. Administration of the SCHIP is determined state by state. Eligibility for supplemental Medicaid programs for Medicare recipients is generally consistent nationally, although there may be slight state variability.

Though not exactly a health insurance program, those serving homeless individuals and families should be aware that, in most states, if a person is ineligible for Medicaid or other insurance programs, programs called "spend-downs" might be available. To learn about these, individuals should contact their local Medicaid agencies. Essentially, if an individual has excessive medical bills and is ineligible for Medicaid because of income, he/she might become eligible for the "spend down" for 6 months. Medical bill amounts, including pharmacy costs, would be applied against the person's income and eligibility might be possible.

## Important Websites

- **Center for Medicare and Medicaid Services' Homepage**  
This site includes policy and program information on Medicare and Medicaid.  
Direct Link: <http://www.cms.hhs.gov>
- **Center for Medicare and Medicaid Homeless Services**  
Center for Medicare and Medicaid Services website section on their homelessness initiative. Includes links to other pertinent information from CMS and other federal agencies.  
Direct Link: <http://www.cms.hhs.gov/HomelessnessInitiative>
- **National Health Policy Forum**  
This is the home page for the National Health Policy Forum, which provides non-partisan policy briefs on health issues before Congress.  
Direct Link: <http://www.nhpf.org/index.htm>
- **National Health Care for the Homeless Council (NHCHC)**  
The National Health Care for the Homeless Council website provides policy briefs on health issues with tools, resources and technical assistance for providing health care to people who are homeless.  
Direct Link: <http://www.nhchc.org>
- **Families USA**  
Families USA is a non-partisan organization that has existed since 1982 and is devoted to promoting health care for all Americans. Often, this site has summaries on critical changes in the public health insurance programs that are easy to read and digest.  
Direct Link: <http://www.familiesusa.org>
- **Kaiser Family Foundation**  
The Kaiser Family Foundation site includes a wealth of information, including state-specific data, on health and health care in the U.S. as well as information on public insurance programs.  
Direct Link: <http://www.kff.org>

## MEDICAID

Medicaid is a means-tested, federal-state entitlement program that covers basic health (including medications) and long-term care for certain categories of low-income Americans. Medicaid is available to individuals and families who can demonstrate need established through income and asset standards that may vary from state to state. Few states now have state-only Medicaid programs that cover single adults. Generally, however, Medicaid with federal funding provides coverage to children, parents of dependent children, pregnant women, or individuals who are blind, disabled, or age 65 or older.

Medicaid is complex in that it is jointly funded by the federal and state governments, with specific matching amounts of funding depending on the state and the arrangement. Many states have approvals for Medicaid waivers that allow them to change or modify their state Medicaid plans. When an individual moves from one state to another, the Medicaid rules may be significantly different. In most states, when recipients receive Supplemental Security Income (SSI), Medicaid eligibility is automatic. In other states, a person has to apply separately for Medicaid when receiving SSI, but approval is guaranteed. In a few states, additional criteria apply to eligibility for Medicaid even when receiving SSI.

For most individuals covered by Medicaid, there are no co-pay costs for services and minimal co-pay costs for medication. For Medicare recipients, supplemental Medicaid programs (explained below under QMB, SLMB, and QL-1) help with some of the costs associated with Medicare.

For people who are homeless served by local Continuums of Care, Medicaid is a vital resource that can transform lives by paying for and providing services that treat some of the underlying causes of homelessness. It also improves access to the kinds of secondary care that people experiencing homelessness need. By helping people manage disabling conditions that often prolong their time in shelters and on the street, Medicaid can also be key to ending homelessness for families and individuals with disabilities. Moreover, in some states, Medicaid can be used to finance some of the support services needed to maintain people in housing, e.g., community support programs. Recently, however, the Center for Medicaid and Medicare Services enacted some restrictions on funding of these services through Medicaid. Thus, the Medicaid program continues to evolve and change. Such changes can be found on the websites listed below and may be state-specific.

## Important Websites

- **Centers for Medicare and Medicaid Services Homeless Initiative**  
Includes information on policy initiatives related to homelessness. The “Letter to State Medicaid Directors” that encouraged states to “suspend” instead of “terminate” benefits during institutional care is also described on this page.  
Direct Link: <http://www.cms.hhs.gov/HomelessnessInitiative>
- **Social Security Administrations Webpage on Medicaid**  
Contains a FAQ section.  
Direct Link: <http://www.ssa.gov/disabilityresearch/wi/medicaid.htm>
- **Kaiser Family Foundation Medicaid Benefits Online Database**  
Contains Medicaid Benefits survey data from 2003, 2004 and 2006 with information about benefits covered, limits, co-payments and reimbursement methodologies for the 50 states, the District of Columbia and the Territories.  
Direct Link: <http://www.kff.org/medicaid/benefits>
- **Centers for Medicare and Medicaid Services’ FirstStep**  
This website is the link to access the, Centers for Medicare and Medicaid Services’ *FirstStep*, a program, available online, that provides detailed information on how to assist people who are homeless in accessing Medicaid and other benefits and programs.  
Direct Link: <http://www.cms.hhs.gov/apps/firststep/index.html>

## Other Resources

- **Smith, G.A. (2007). *A primer on how to use medicaid to persons who are homeless to access medical, behavioral health and support services*. Baltimore, MD: Centers for Medicare and Medicaid Services.**  
This document pulls together information about Medicaid that is especially relevant in assisting individuals experiencing homelessness, including people who experience chronic homelessness. The primer is intended to serve as a resource for state officials and homeless program managers to support efforts to access and coordinate services and supports for people experiencing homelessness.  
Direct Link: <http://www.cms.hhs.gov/HomelessnessInitiative/Downloads/HomelessPrimer2007.pdf>  
Homelessness Resource Center Record:  
<http://homeless.samhsa.gov/Resource.aspx?id=32873>

- **Burt, M.R., & Sharkey, P. (2002). *The role of Medicaid in improving access to care for homeless people*. Washington, DC: Urban Institute.**  
This report examines the ability of homeless people to get the health care they need. In particular, it asks whether having health insurance increases access to care for homeless people, as it does for the housed population.  
Direct Link: [http://www.urban.org/UploadedPDF/410595\\_AccessToCare.pdf](http://www.urban.org/UploadedPDF/410595_AccessToCare.pdf)  
Homelessness Resource Center Record: <http://homeless.samhsa.gov/Resource.aspx?id=24878>
- **National GAINS Center for People with Co-Occurring Disorders in the Justice System. (2001). *Maintaining Medicaid benefits for jail detainees with co-occurring mental health and substance use disorders*. Delmar, NY: Author.**  
This brief discusses the rules and regulations of Medicaid services for jail detainees with co-occurring mental health and substance use disorders.  
Direct Link: [http://gainscenter.samhsa.gov/pdfs/integrating/Maintaining\\_Medicaid\\_02.pdf](http://gainscenter.samhsa.gov/pdfs/integrating/Maintaining_Medicaid_02.pdf)  
Homelessness Resource Center Record: <http://homeless.samhsa.gov/Resource.aspx?id=32874>
- **Post, P. (2001). *Casualties of complexity: Why homeless people are not enrolled in Medicaid*. Nashville, TN: National Health Care for the Homeless Council.**  
This document identifies obstacles that prevent eligible people experiencing homelessness from enrolling in Medicaid, describes how experienced homeless service providers address these problems, and recommends ways in which the obstacles can be surmounted or removed.  
Direct Link: <http://www.nhchc.org/Publications/CasualtiesofComplexity.pdf>  
Homelessness Resource Center Record: <http://homeless.samhsa.gov/Resource.aspx?id=25512>
- **Bazelon Center for Mental Health Law. (2003). *Making the right choices: Reforming medicaid to improve outcomes for people who need mental health care*. Washington, DC: Author.**  
This report analyzes proposals to change Medicaid from the perspective of adults and children with mental illnesses.  
Direct Link: <http://www.bazelon.org/issues/medicaid/publications/choicesforweb.pdf>  
Homelessness Resource Center Record: <http://homeless.samhsa.gov/Resource.aspx?id=23621>

- **Hanrahan, P., Luchins, D.J., & Cloninger, L. (2004). Medicaid eligibility of former supplemental security income recipients with drug abuse or alcoholism disability. *American Journal of Public Health, 94(1), 46-47.***

This study examined baseline hospital use as an indicator of medical need among individuals affected by the Supplemental Security Income (SSI) drug abuse or alcoholism policy change. The authors also discuss the relation of baseline medical need to eligibility for Medicaid because of psychiatric and medical disability after the policy change.

Direct Link: <http://www.ajph.org/cgi/content/extract/94/1/46>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=19832>

- **Eiken, S., & Galantowicz, S. (2004). *Improving Medicaid access for people experiencing chronic homelessness: State examples*. Washington, DC: MEDSTAT Group, Inc.**

This technical assistance report is designed to highlight several state initiatives that increase Medicaid access for people who are chronically homeless.

Direct Link:

<http://www.cms.hhs.gov/HomelessnessInitiative/Downloads/ImprovingMedicaidAccess.pdf>

Homelessness Resource Center Link:

<http://homeless.samhsa.gov/Resource.aspx?id=22285>

## **QMB, SLMB, AND QI-1**

QMB, SLMB, and QI-1 are supplemental Medicaid programs in each state that assist with Medicare associated costs. Each program has income and asset eligibility requirements that decrease as income increases. Application for these programs is usually received where one would apply for Medicaid. The eligibility income criteria generally change every year and are available April 1.

### **Qualified Medicare Beneficiary (QMB, also known as “Quimby”) program**

The QMB program helps to cover most of the Medicare associated costs (premiums, deductibles and coinsurance costs for disabled individuals). To be eligible in 2007, a person must:

- Currently be receiving Medicare, and;
- Have gross monthly income of no more than \$851 a month (or \$1,141 for a couple); and
- Have assets below \$4,000 for an individual and below \$6,000 for a couple.

## Specified Low-Income Medicare Beneficiary (SLMB, also known as “Slimby”) program

As the eligibility criteria for SLMB are higher, coverage is less. SLMB pays for the Medicare Part B premium, which is a minimum of \$93.50 per month in 2007. To be eligible in 2007, a person must:

- Currently be receiving Medicare, and;
- Have gross monthly income of no more than \$1021 per month (or \$1,369 for a couple); and
- Have assets below \$4,000 for an individual and below \$6,000 for a couple.

## Qualified Individual – 1 (QI-1)

This program has sunset provisions and must be re-authorized by Congress. Currently, QI-1 is scheduled to sunset or end in October, 2007. Funding is limited so eligibility is done on a “first come, first served basis” as long as funds are available.

This program pays for part of the Part B premium. To be eligible in 2007, a person must:

- Currently be receiving Medicare, and
- Have gross monthly income of no more than \$1,149 per month (or \$1,540 for a couple);
- There are no asset limits for QI-1.

## Important Websites

- **The HIICAP Notebook**  
The *HIICAP Notebook*, from the New York State Office of Aging has a link to a chapter on SLMB, QMB, Q1-1.  
Direct Link: [hiicap.state.ny.us/counselors/notebook/index.htm](http://hiicap.state.ny.us/counselors/notebook/index.htm)

## Other Resources

- **Sears, J. (2001). *Comparing beneficiaries of the Medicare savings programs with eligible nonparticipants*. Washington, DC: Social Security Online.**  
Presentation at the Association for Public Policy Analysis and Management.  
Direct Link: <http://www.ssa.gov/policy/docs/ssb/v64n3/v64n3p76.html>  
Homelessness Resource Center Record:  
<http://homeless.samhsa.gov/Resource.aspx?id=32875>

## MEDICARE

Medicare is a Federal health insurance program that is the same from state to state. There are three parts to Medicare:

**Part A:** Hospital or inpatient coverage; has no premium.



**Part B:** Outpatient services. Has a monthly premium that changes each year. In 2007, the minimum monthly premium is \$97.50 and is taken out of the check from SSA before the individual receives it. Beginning in 2007, the premium is higher as income is higher.

**Part D:** Prescription coverage. Provided through health care programs that contract to do so; has a monthly premium. The prescription program has assistance available for low-income Medicare beneficiaries. Costs and coverage vary from program to program and must be inspected carefully before selecting. In addition to the monthly premium costs, Part D also has co-pay costs for medications. Certain requirements apply in terms of coverage but the costs do vary. In most states, local or state Departments of Aging can answer questions about Medicare and prescription coverage.

An individual is automatically eligible for Medicare if:

- The individual is 65 or older and receives retirement benefits from the Social Security Administration or the Railroad Retirement Board OR
- The individual is under the age of 65 and has received disability benefits (SSDI) from Social Security or the Railroad Retirement Board for 24 months. There are two exceptions to the 24-month waiting period for Medicare: If an individual receives SSDI because of Amyotrophic Lateral Sclerosis (often called Lou Gehrig's disease) or has End-Stage Renal Disease.
- Medicare eligibility is processed at the Social Security Administration (1-800-772-1213, <http://www.socialsecurity.gov>) and administered through contractual programs in each state. Medicare has associated premium costs (noted above), deductibles, and co-insurance costs. Some individuals may be eligible for both Medicare and Medicaid. In that instance, Medicare is the primary insurance, and Medicaid the secondary. For these individuals, Medicaid would pay the premiums associated with Medicare.

## Important Websites

- **Medicare**  
The official U.S. Government site for people with Medicare  
Direct Link: <http://www.medicare.gov>
- **Medicare.org**  
A private information source on all aspects of Medicare  
Direct Link: <http://www.medicare.org>
- **Medicare Resources**  
Social Security Administration's webpage on Medicare and contains a FAQ section.  
Direct Link: <http://www.ssa.gov/mediinfo.htm>

- **What do I need to know about medicare prescription drug coverage?**

Provides questions and answers to application and eligibility for prescription drug coverage specifically as it applies to people experiencing homelessness. Also includes links to special issues related to the program.

Direct Link:

<http://www.cms.hhs.gov/HomelessnessInitiative/Downloads/HomelessFactSheet.pdf>

## **Other Resources**

- **Centers for Medicare and Medicaid Services. (2008). *Medicare and you*. Baltimore, MD: Author.**

Medicare and You is published every year and contains information about costs, what is covered, preventive services, health plans, prescription drug plans, and rights and appeals. This can also be obtained free by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

Direct Link: <http://www.medicare.gov/Publications/pubs/pdf/10050.pdf>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource/View.aspx?id=33354>

- **Gornick, M. (2003). *A decade of research on disparities in Medicare utilization: Lessons for the health and health care of vulnerable men*. *American Journal of Public Health*, 93(5), 753-759.**

This article reviews information on service utilization disparities specifically for vulnerable men.

Direct Link: <http://www.ajph.org/cgi/content/abstract/93/5/753>

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=32876>

## **STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)**

The State Children's Health Insurance Program (SCHIP) is designed to help low-income families who have uninsured children age 18 or younger or homeless children 18 or under. SCHIP is extremely important for low-income families whose employers do not provide health insurance. Benefits include most primary care services, immunizations, dental care, and general health maintenance related services. There are no-low costs for each of these services. The aim is to ensure ongoing regular medical care so children grow up healthier.

Each state sets the eligibility criteria for SCHIP. In general, SCHIP eligibility covers families with much higher incomes than does Medicaid. Families often can apply where they apply for Medicaid (in some states, this is not the case), and some states have one application that covers both Medicaid and SCHIP.

## Important Websites

- **State Children's Health Insurance Program(SCHIP)**  
Information and resources from the Center on Medicare and Medicaid Services, including policy and benefits regulations related to SCHIP.  
Direct Link: <http://www.cms.hhs.gov/home/schip.asp>
- **The Kaiser Family Foundation's Medicaid/SCHIP web page**  
Provides research updates and information on current funding.  
Direct Link: <http://www.kff.org/medicaid/index.cfm>
- **Insure Kids Now**  
The U.S. Department of Health and Human Services website that provides eligibility criteria for free and low cost health insurance including SCHIP information by state. By phone, the number is 1-877-KIDS-NOW.  
Direct Link: <http://www.insurekidsnow.gov>

## Other Resources

- **Byck, G.R. (2000). A comparison of the socioeconomic and health status characteristics of uninsured, state children's health insurance program-eligible children in the United States with those of other groups of insured children: Implications for policy. *Pediatrics*, 106, 14-21.**  
A policy brief that provides a comparison of the health and socioeconomic status of children with and without insurance.  
Direct Link: <http://pediatrics.aappublications.org/cgi/reprint/106/1/14>  
Homelessness Resource Center Record:  
<http://homeless.samhsa.gov/Resource.aspx?id=32877>
- **David and Lucille Packard Foundation. (2003). Health insurance for children. *The Future of Children*, 13(1).**  
This journal issue covers a range of topics related to children and health insurance, with an emphasis on vulnerable populations.  
Direct Link: [http://www.futureofchildren.org/usr\\_doc/tfoc13-1b.pdf](http://www.futureofchildren.org/usr_doc/tfoc13-1b.pdf)  
Homelessness Resource Center Record:  
<http://homeless.samhsa.gov/Resource.aspx?id=32878>

- **Shirk, C. (2003). *Shaping public programs through Medicare, Medicaid, and SCHIP waivers: The fundamentals*. Washington, DC: National Health Policy Forum.**

This paper examines the use of research, demonstration, and program waiver authorities to test new approaches to the delivery of and payment for health care services in federally financed health coverage programs such as Medicare, Medicaid, and the State Children's Health Insurance Program.

Direct Link: [http://www.nhpf.org/pdfs\\_bp/BP\\_Waivers\\_9-03.pdf](http://www.nhpf.org/pdfs_bp/BP_Waivers_9-03.pdf)

Homelessness Resource Center Record:

<http://homeless.samhsa.gov/Resource.aspx?id=19120>

**We will continue to build on this resource page and welcome your input!**

Contact the PATH TA Center at [path@samhsa.hhs.gov](mailto:path@samhsa.hhs.gov) (with "PATH Income & Medical Coverage Resources" in the subject line) to comment, submit a question, contribute a tool, or suggest materials to be added.

# WHAT IS PATH?

## Projects for Assistance in Transition from Homelessness

The PATH Program—or Projects for Assistance in Transition from Homelessness—was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH funds community-based outreach, mental health and substance abuse services, case management, and limited housing services for people experiencing serious mental illnesses—including those with co-occurring substance use disorders—who are experiencing homelessness or are at risk of becoming homeless.

## PATH funds stimulate state & local contributions

PATH funds are worth more than their face value because they are matched with state and local resources. For every \$3 in federal funds, state or local agencies must put forward \$1 in cash or in-kind services. At a minimum, a \$52 million Federal allocation would result in a \$17 million match. In some states PATH funds and the state and local match are the only resources specifically for serving people experiencing homelessness and mental illnesses.

## PATH providers deliver innovative services

PATH providers work with service delivery systems and embrace practices that work. These include:

- Partnering with housing first and permanent supportive housing programs
- Providing flexible consumer-directed and recovery-oriented services to meet consumers where they are in their recovery
- Employing consumers or providing consumer-run programs
- Partnering with health care providers, including Health Care for the Homeless to integrate mental health and medical services
- Assertively improving access to employment
- Improving access to benefits, especially through SSI/SSDI Outreach, Advocacy, and Recovery (SOAR)
- Using technology such as PDAs, electronic records, and HMIS

## PATH providers are strong community partners

PATH providers and State Contacts are involved in local and regional planning efforts to end homelessness, including Continuum of Care, 10-Year Plans to End Homelessness, and other planning efforts. PATH providers and State Contacts work to ensure that services are coordinated and available to people experiencing homelessness.

For more information about PATH, please visit <http://pathprogram.samhsa.gov/>





# PATH

Projects for Assistance in  
Transition from Homelessness